



# MASTER PLUMBER

## ARKANSAS DEPARTMENT OF HEALTH

PLUMBING & NATURAL GAS SECTION

4815 WEST MARKHAM STREET, SLOT # 24

LITTLE ROCK, ARKANSAS 72205-3867

PHONE (501) 661-2642 • FAX (501) 661-2671

### FOR OFFICE USE

REC'D \_\_\_\_\_

FORM \_\_\_\_\_

DATE \_\_\_\_\_

BY \_\_\_\_\_

EXAM 1 \_\_\_\_\_

EXAM 2 \_\_\_\_\_

EXAM 3 \_\_\_\_\_

LICENSE# \_\_\_\_\_

ORG. DATE \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

SOCIAL SECURITY \_\_\_\_\_ D.O.B. \_\_\_\_\_

*The agency is required to obtain your Social Security Number for the purpose of child support enforcement. Except for its use in child support enforcement, your Social Security Number will not be used by the agency and will be held confidential.*

HOME / CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_ EMAIL \_\_\_\_\_

### COMPANY OR FIRM UNDER WHICH YOU WILL BE WORKING:

NAME \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

### JOURNEYMANSHIP:

Have you held a Journeyman Plumber License in Arkansas?

YES \_\_\_\_\_ NO \_\_\_\_\_

### LICENSE: (ATTACH PHOTOSTATIC COPY OF LICENSE TO APPLICATION)

Are you licensed in any city or state? \_\_\_\_\_ Date of Original License \_\_\_\_\_

Name of Licensing Agency \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Is license active / current? \_\_\_\_\_ Type of license \_\_\_\_\_ License # \_\_\_\_\_

### WORK EXPERIENCE AND ADDITIONAL DOCUMENTATION:

- Application will not be considered for approval without submitting the required documentation that will support proof of experience.
- Documentation must accompany the application. DO NOT SEND SEPARATELY.

- **NOTE:**

[illegible]

Have you ever pled guilty or nolo contendere or been convicted of a crime? YES \_\_\_\_\_ OR NO \_\_\_\_\_ (If yes, provide the date, the state and nature of the offence) \_\_\_\_\_

The applicant signing this application being duly sworn declared that the foregoing statements and attachments subscribed to by him/her are true to the best of his/her knowledge and that he/she personally signed this application.

COUNTY OF \_\_\_\_\_

# REQUEST FOR VERIFICATION OF LICENSE

*Use this form to verify licensure from outside Arkansas, if applicable.*

*Out of state licensing will not be considered by the Committee without the proper completion of this form.*

## PART 1 – TO BE COMPLETED BY THE APPLICANT

NAME \_\_\_\_\_  
Last First Middle

SOCIAL SECURITY \_\_\_\_\_ D.O.B. \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME / CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

I am requesting licensure in the state of Arkansas as a \_\_\_\_\_

I am / have been licensed in your state under the name of \_\_\_\_\_

My license number in your state is / was \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

## PART 2 – TO BE COMPLETED BY THE VERIFYING AGENCY

Please furnish the requested information and verify the document.

Name of Verifying State \_\_\_\_\_

Name of Licensee (*as it appears in the Verifying State's records*) \_\_\_\_\_

Name of Qualifying Person \_\_\_\_\_

Classification of Licensed Issued \_\_\_\_\_

License Number \_\_\_\_\_ License Expiration Date \_\_\_\_\_

Has the licensee been continually licensed since the date of original license? YES \_\_\_\_\_ NO \_\_\_\_\_

Is the applicant's license current? YES \_\_\_\_\_ NO \_\_\_\_\_

Is the applicant's license in good standing and renewable? YES \_\_\_\_\_ NO \_\_\_\_\_

Has there been any disciplinary action or is any disciplinary action pending against the license?

9/16/2020

YES\_\_\_\_\_ NO\_\_\_\_\_

Was the license issued based on examination? YES\_\_\_\_\_ NO\_\_\_\_\_

**If YES, please provide the following:**

Examination Type \_\_\_\_\_ Date(s): \_\_\_\_\_

Examination Score \_\_\_\_\_

Code Model Base for the examination (IPC, IFGC, NPC, etc.....) \_\_\_\_\_

Was Education and / or Work Experience required for licensure? YES\_\_\_\_\_ NO\_\_\_\_\_

**SIGNATURE QUALIFYING PERSON** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINTED NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

(SEAL)

**EMAIL** \_\_\_\_\_

**AGENCY** \_\_\_\_\_